

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Division of Developmental Disabilities
INDIVIDUAL SUPPORT PLAN (ISP)

ISP - SUMMARY OF PROFESSIONAL EVALUATIONS

INDIVIDUAL'S NAME (Last, First, M.I.)	DATE
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This form is required for people who are 21 years old or older and/or who live in licensed residential setting. **If follow-up is needed, identify action(s) needed and person(s) responsible. It will be the responsibility of the licensed residential provider to follow-up on recommendations and agreements within the timeframes specified, unless otherwise noted.**

Report and Dates	Results and Recommendations/Agreements
Physical Exam Evaluator _____ Date _____	
Family History <input type="checkbox"/> Diabetes <input type="checkbox"/> Liver Disease <input type="checkbox"/> Heart Disease <input type="checkbox"/> Cancer <input type="checkbox"/> Kidney Disease <input type="checkbox"/> Other: If any of the above are checked, has the appropriate referral for screening been made by the PCP? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Pelvic Exam Evaluator _____ Date _____	
Mammogram Evaluator _____ Date _____	
Testicular Exam Evaluator _____ Date _____	
Prostate Exam Evaluator _____ Date _____	
Audiology Exam Evaluator _____ Date _____	
Vision Exam Evaluator _____ Date _____	
Dental Exam Evaluator _____ Date _____	

Equal Opportunity Employer/Program

Under Titles VI and VII of the Civil Rights Act of 1964, and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975, the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, and disability. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program of activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact the Division of Developmental Disabilities ADA Coordinator at (602) 542-6825; TTY/TTD Services: 7-1-1.